

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy

436.110

1. All recipients of OAA, AB, APTD, AABD, and AFDC: this includes all individuals who are essential persons under the State plan and who could be recipients if the State plan were as broad as permitted for Federal financial participation. Also included are groups checked below which are covered under the approved State plan for financial assistance.

☒ AFDC families with unemployed parents.

☒ AFDC pregnant women with no other eligible children.

☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for OAA, AB, APTD, AABD and AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

The definitions of blindness in terms of ophthalmic measurement and of permanent and total disability used in this plan are specified in Supplement 2 to ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

TN No. 87-4
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TN No. 87-2

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Effective Date 7/1/89

HCFA ID: 2002P/0021P

Agency*	Citation(s)	Groups Covered
	436.111	2. All persons who would be eligible for OAA, AB, APTD, AABD, or AFDC except for an eligibility condition or requirement in the approved State plans that is specifically prohibited under title XIX.
	436.112	3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, except for the increase in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving OAA, AB, APTD, or AFDC in August 1972. — Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). — Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <input checked="" type="checkbox"/> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.
	436.114	4. Deemed Recipients of AFDC a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10. — b. Participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program.

*Agency that determines eligibility for coverage.

TN No. 87-2
Supersedes
TN No. 85-3

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0249C/0002P

Agency*	Citation(s)	Groups Covered
	402(a)(22)(A) of the Act, P.L. 97-35 (Section 2318)	c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. Item "d" only. Eff. Date: 5/1/85
	406(h) and 1902(a)(10)(A)(i)(I) of the Act, P.L. 98-378 (Section 20)	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support from August 16, 1984 through September 30, 1988, and meets the requirements of section 406(h) of the Act.
	402(a)(37) and 1902(a)(10)(A)(i)(I) of the Act, P.L. 98-369 (Secs. 2361 & 2624)	e. Families receiving nine months of work transition per section 402(a)(37) of the Act. ____ Families receiving ____ additional months of work transition (not to exceed six months).
	1902(a) of the Act, P.L. 99-272 (Section 12305)	f. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.
436.116	5.	Families terminated from AFDC solely because of increased earnings or hours of employment, provided the family received AFDC in at least three months during the six-month period immediately preceding the month in which ineligibility began and provided that one member of the family is employed throughout the period specified in the next sentence. Medicaid is provided for four calendar months beginning with the month AFDC is terminated or, if AFDC is terminated retroactively, with the first month in which AFDC was erroneously paid.

*Agency that determines eligibility for coverage.

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Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0249C/0002P

Agency*	Citation(s)	Groups Covered
	1902(a)(10) 6. Qualified pregnant women and children. (A)(i)(III) and 1905(n) of the Act, P.L. 98-369 (Section 2361) and P.L. 99-272 (Section 9501)	a. A pregnant woman whose pregnancy has been medically verified who-- (1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her; (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
	1902(a)(10) (A)(i)(III) and 1905(n) of the of the Act, P.L. 98-399 (Section 2361) and P.L. 99-272 (Section 9511)	b. A child who is under five years of age and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan. The child must be born after-- <u>X</u> September 30, 1983; or _____ (specify optional earlier date)
	1902(e)(5) 7. A woman who, while pregnant, is eligible for, of the Act, P.L. 99-272 (Section 9501)	has applied for, and has received Medicaid under the approved State plan. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance for 60 days after her pregnancy ends. The 60-day period begins on the last day of her pregnancy.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Territory of Guam

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(A)
(I)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1999.

9. Children: **NOT APPLICABLE**

1902(a)(10)(A)
(I)(VI)
1902(1)(1)(C)
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(I)
(VII) and 1902(1)
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

— Children born after

(specify optional earlier date)
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

NOT APPLICABLE

Income levels for these groups are specified in
Supplement 1 to ATTACHMENT 2.6A.

TN No. _____
Supersedes _____

Approval Date 3/21/99 Effective Date 10/1/97

Agency*	Citation(s)	Groups Covered
	1902(e)(4) 8. A child born to a woman who is eligible for and of the Act, receiving Medicaid on the date of the child's P.L. 99-272 birth. The child is deemed eligible for one year (Section 2362) from birth as long as the mother remains eligible and the child remains in the same household as the mother.	
	B. <u>Optional Coverage - Categorically Needy</u>	
436.210	<input checked="" type="checkbox"/> 1. Individuals who would be eligible for, but are not receiving, OAA, AB, APTD, AMH , or AFDC. As per Region IX letter 6/12/85 <input checked="" type="checkbox"/> The State covers all individuals as described above. <input type="checkbox"/> The State covers only the following group or groups of individuals:	<input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/> Individuals under the age of-- <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
	1902(a)(10) (A)(ii) and 1905(a) of the Act	
436.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for OAA, AB, APTD, AMH , or AFDC, if they were not in a medical institution. <input type="checkbox"/> The State covers all individuals as described above.	

*Agency that determines eligibility for coverage.

TN No. 87-2
Supersedes
TN No. 85-3

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0249C/0002P

Agency*	Citation(s)	Groups Covered
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☒ The State covers only the following group or groups of individuals:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

☒ Aged
☒ Blind
☒ Disabled
☐ Individuals under the age of--
 ___ 21
 ___ 20
 ___ 19
 ___ 18
☐ Caretaker relatives
☐ Pregnant women

3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC if coverage under the State's plan for these programs were as broad as permitted under the Act:

☐ AFDC families of unemployed parents.
☐ Individuals meeting a broader definition of permanent and total disability.
☐ Individuals meeting a broader definition of blindness.
☐ Others, as specified below:

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
	1902(e)(2) - of the Act, P.L. 99-272 (Section 9517)	4. Individuals who have become ineligible for Medicaid who are enrolled in an HMO that is qualified under title XIII of the Public Health Service Act or who are enrolled in an entity described in section 1903(m)(2)(G) of the Act. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). The guaranteed eligibility status is computed beginning on the date of the individual's enrollment in the HMO or entity. ___ The plan provides for one eligibility period of ___ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of the period. ___ The plan provides for more than one successive eligibility period of ___ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of each period. ___ Number of successive eligibility periods is limited to ___ periods. ___ No limit. ___ The State covers all individuals as described above. ___ The State covers only the following group or groups of individuals: 1902(a)(10) (A)(ii) and 1905(a) of the Act ___ Aged ___ Blind ___ Disabled ___ Individuals under the age of ___ 21 ___ 20 ___ 19 ___ 18 ___ Caretaker relatives ___ Pregnant women

*Agency that determines eligibility for coverage.

TN No. 87-2
Supersedes
TN No. 85-5

SEP 9 1987
Approval Date _____

Effective Date 7/1/87

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Agency*	Citation(s)	Groups Covered
436.217	5.	A group or groups of individuals who would be eligible for Medicaid under the plan if they were in an SNF, ICF, or ICF/MR, but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G, would require institutionalization and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
1902(a) (10)(A)(ii) (VII) of the Act, P.L. 99-272 (Section 9505)	6.	Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act. — The State covers all individuals as described above. — The State covers only the following group or groups of individuals: — Aged — Blind — Disabled — Individuals under the age of-- — 21 — 20 — 19 — 18 — Caretaker relatives — Pregnant women

*Agency that determines eligibility for coverage.

TN No. 87-2
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Agency*	Citation(s)	Groups Covered
	1902(a) (10)(A)(ii) (V) of the Act, P.L. 97-248 (Section 137) P.L. 99-272 (Section 9510)	<p><input type="checkbox"/> 7. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>Attachment 2.6-A</u>.</p> <p><input type="checkbox"/> The State covers all individuals as described above.</p> <p><input type="checkbox"/> The State covers only the following group or groups of individuals:</p> <ul style="list-style-type: none"><input type="checkbox"/> Aged<input type="checkbox"/> Blind<input type="checkbox"/> Disabled<input type="checkbox"/> Individuals under the age of--<ul style="list-style-type: none"><input type="checkbox"/> 21<input type="checkbox"/> 20<input type="checkbox"/> 19<input type="checkbox"/> 18<input type="checkbox"/> Caretaker relatives<input type="checkbox"/> Pregnant women
436.220	<input checked="" type="checkbox"/> 8.	<p>Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than as a service expending by the agency. The AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.</p> <p><input type="checkbox"/> The State covers all individuals as described above.</p>

*Agency that determines eligibility for coverage.

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